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DR. WALLACE ON MYOPIA.

[Communicated for the Boston Medical and Surgical Journal.—Continued from page 278.]

STRUCTURE OF THE CILIARY BODY.—There is some obscurity in the descriptions of the ciliary body. Some term the whole arrangement the ligamentum ciliare, the orbiculus, annulus, or circulus ciliaris; while others confine the term ligament to the white ring which connects the ciliary body to the sclerotica. Some have supposed the ciliary body muscular; others have described it as ligamentous, membranous, nervous, or cellular, whereas its various parts partake of all these tissues.

The ciliary body consists—1, of the white ligament which connects it to the sclerotica; 2, of the outer layer of the choroid, which proceeds from the latter membrane to the white ligament; 3, the cellular membrane connecting the ciliary processes; 4, the ciliary muscle; 5, the ciliary processes; and, 6, the orbiculus capsulo-ciliaris. To these may be added, 7, the ciliary zone.

1. EXTERNAL LAMINA. *Ciliary ligament and arachnoidea oculi.*—

When we remove the anterior half of the sclerotica with the cornea, we bring into view a white ring the anterior edge of which corresponds with the margin of the sclerotica, to which in the natural state it is attached. This ring is gradually shaded off and blended with the outer layer of the choroid which covers the remainder of the ciliary body, whereas the inner layer of the choroid ceases at its commencement. In birds, especially those with a large ciliary body, as the owl, &c., the continuation of the choroid is evidently a serous membrane, reflected on the internal surface of the sclerotica, for facilitating the extensive range of adaptation which is so necessary in this class of animals. This serous membrane has been called by Arnold the arachnoidea oculi, which, by analogy, he supposes to exist in the mammalia, although in the latter class of animals it cannot be demonstrated. At the inner anterior edge of the white ligament, and covered with pigmentum nigrum, there is a projecting lip which receives the iris, as a watch case receives the glass, and which I have called the frame of the iris—a part which may either be left on the second lamina or be removed with the first.

SECOND LAMINA. *Cellular ring. Ciliary muscle.*—The second lamina may be demonstrated by dissecting off the white ligament, and the above-mentioned continuation of the choroid, from the preparation we

have just been examining ; but it may be more easily exhibited by taking another eye, and making a number of radiated incisions from the centre of the cornea, along it and the anterior half of the sclerótica, taking care to avoid cutting the ciliary body ; if we now turn over the flaps we may easily peel off the external layer along with some muscular fibres, and



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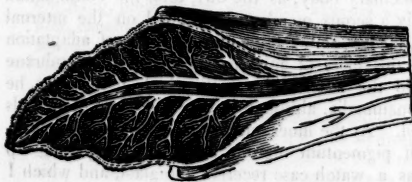
bring into view the quested lamina which consists of two rings. The central ring is of a gray color, and consists of cellular membrane which connects the ciliary processes together. The outer ring is muscular, resembling in color the legs of a frog, and its radiated fibres are most plainly discerned as possessing all the characteristics of muscle. This muscular ring is of unequal breadth, being broader at the upper and outer, than at the lower and inner portion. In some of the mammalia the upper and lower portions form crescents, the horns of which meet at the horizontal diameter or equator of the eye, where the long ciliary arteries pass, to assist in forming the vascular ring which supplies the ciliary processes. (Fig. 22, a, b, upper and lower ciliary muscles of an ox.)

THIRD LAMINA. Ciliary processes. Orbiculus capsulo-ciliaris.—This may with some difficulty be seen by removing the second lamina ; but its beautiful appearance behind may be more readily discerned, by removing the posterior half of all the tunics, and viewing it through the



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vitreous humor. The ciliary processes, constituting what is called the pars fimbriata or plicata of the ciliary body, consist of a series of plaits of fine membrane arranged in a radiated manner (fig. 23) round the crystalline body. They are covered with pigmentum nigrum, and are abundantly supplied with vessels and nerves. Each process resembles a folded leaf, the



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apex of which floats freely in the posterior chamber of the aqueous humor. (Fig. 24, ciliary process of an ox magnified.) A corona of elastic filaments, from the inner surface of the ciliary processes, proceeding

backwards to the outer margin of the ciliary zone with the whole of which they are intimately connected, and frequently passing over a third of the diameter of the crystalline capsule, constitutes what has been termed by Ammon the orbiculus capsulo-ciliaris. These filaments give

to what is called the *pars non-fimbriata* or *plicata* of the ciliary body the radiated appearance which it exhibits when viewed through the vitreous humor. By lifting up the free apices of the ciliary processes, the filaments are seen fine like the web of a spider, and very transparent, whereas posterior to the ciliary processes they are covered with *pigmentum nigrum*. These filaments fulfil to the ciliary processes an office analogous to the tendons of muscles. It is also presumed that by their elasticity they aid in drawing back the crystalline body.

SUBJACENT LAMINA. Ciliary zone.—This is also called the *zonula Zinnii*, the *lamina ciliaris*, and the *corona ciliaris*: it is a transparent membrane extending from, and continuous with the margin of the crystalline capsule, to be attached to the vitreous humor at a line corresponding with the external or posterior margin of the ciliary body. This membrane lies upon the *tunica hyaloidea*, to which, besides the marginal attachment, there are several connections, so that the cavity between them, named the canal of Petit, has, when inflated, an indented appearance. Portions of *pigmentum nigrum* covering the radiated filaments of Ammon are frequently left on the ciliary zone, and form what is called the *halo signatus*. On the upper portion of the zone of the sheep, corresponding with the *pars non-fimbriata*, the impressions are not radiated but semicircular, as if occasioned by *pigmentum nigrum* collected in the *rugæ* produced by contractions of the ciliary muscle (fig. 25, c). The filaments of Ammon are so loosely connected with the ciliary zone that separation can only be effected by laceration. Portions of the lacerated filaments may be seen floating on the zone, when the vitreous humor is immersed in water.



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In the *carnivora* the ciliary zone does not exist as a distinct lamina. The ciliary processes are not leaf-shaped membranes lying with their posterior surfaces on the ciliary zone, but flat triangular plaits immersed in the vitreous body, with the edges directed forward.

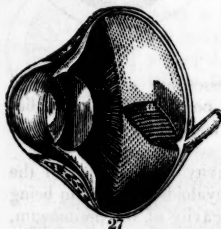
Petit's canal, is, as has been stated, the cavity existing behind the ciliary zone, and between it and the *tunica hyaloidea*; the term being applied in the same sense as when we say the cavity of the peritoneum, &c. If we expose the ciliary zone by removing all the investments anterior to its outer margin, without disturbing the remainder of the *sclerotica*, and then inflate the canal of Petit, we observe that the crystalline advances, and also that it resumes its former situation when the inflation is discontinued. The use of Petit's canal thus appears evident: the ciliary zone, which is merely a continuation of the capsule, keeps in position the crystalline, which is permitted to pass freely forward, by there being a canal, or space between it and the true hyaloid membrane. The utility of the plaiting may be shown by making a model with a plaited, and another with an unplaited zone, when it will be found that

the unplaited model will not work, whereas the crystalline of the other may be made to advance freely.

Vessels of ciliary body.—The long, anastomosing with the short ciliary arteries, form a circle of vessels over the pars fimbriata of the ciliary body. From this circle, a branch is furnished to each ciliary process. The returning veins pass to the vasa vorticosa. This vascular circle is beautifully represented by Arnold.

The ciliary nerves are about twenty in number, and are derived from the ophthalmic ganglion. Some of these may be traced to the iris, but the greater number are lost on the ciliary body.

ANTAGONISTS TO CILIARY BODY. *Orbiculus capsulo-ciliaris.* *Membranes of vitreous humor.* *Marsupium.*—The elasticity of the filaments of Ammon has been already noticed. The membranes of the vitreous humor radiate from the posterior wall of the canal of Petit, and from the posterior crystalline capsule, in such a way that when the latter is drawn forward, they may, by their elasticity, draw it backward. In animals with spherical lenses, some of the membranes of the lower portion of the vitreous humor, nearly in a line with the single adjuster, pass through the slit in the retina, to be attached to the choroid. In the mammalia there is no division of the retina, nor any connection between it and the tunica hyaloidea, except at the entrance of the optic nerve, and at the ciliary lamina. The triangular processes of the carnivora (fig. 26, a) are so arranged that they may act as retractors as well as advancers.



Marsupium.—In birds and some reptiles, a fan-like membrane (fig. 27, a), analogous in structure to the ciliary processes, proceeds from the choroid through a slit in the retina, and through a portion of the vitreous humor, to be attached to the membranes proceeding from the posterior crystalline capsule. By means of this retracting membrane, these animals are furnished with the extraordinary power of distant vision which their necessities require.

FUNCTIONS OF CILIARY BODY.—We have, as above, the white ligament to give the ciliary body a firm point of attachment by connecting it to the sclerotica; the muscular fibres to contract the ciliary veins; the ciliary processes attached by the filaments of Ammon to the crystalline capsule and ciliary zone, to become erect by the accumulation of blood; the plaited ciliary zone, and the canal of Petit, to allow the crystalline to be drawn forward; and the elastic membranes of the vitreous humor to draw it backward, when the opposing force is removed.

The functions of the various parts of the ciliary body are evident from, 1, its entire absence in animals with spherical lenses, where there is another instrument for adjustment; 2, the structure; 3, there is no other

arrangement by which adjustment can be explained, nor by which we can account for the sudden occurrence of near and far-sightedness.

When the eye is adjusted to a remote object, and when, by the external muscles, we then direct it to one which is near, an indistinct image of the latter is formed on the retina; the impression is communicated to the sensorium by the optic nerve; a reflex affection of the third and fifth, from which the ciliary nerves proceed, causes a contraction of the muscular fibres which are arranged round the ciliary processes; the veins are compressed and the apices of the processes which float in the posterior chamber of the aqueous humor become elongated; these processes, being by the filaments of Ammon attached to the ciliary zone, and to the external third of the crystalline capsule, draw forward the crystalline body, until a distinct image of the object is formed on the retina.

It is admitted that in its perfectly easy condition, the eye is adjusted only to distant objects, from the following facts. 1. An effort is necessary to look at near objects, and that effort when long continued becomes painful; whereas we can look at distant objects without fatigue. 2. As age, which diminishes the tone of all the tissues, advances, the ability to see near objects becomes lessened; while distant objects can be seen as plainly as ever. 3. When under the relaxing power of belladonna, the eye loses the power of seeing near objects distinctly.

In order to adjust the eye to distant objects, all that is necessary to antagonize the power exerted by the ciliary body when it has drawn the crystalline forward, is to cease the effort—to allow it to become to a greater or less degree relaxed, when the filaments of Ammon and the membranes intersecting the vitreous humor will, by their elasticity, draw it backward.

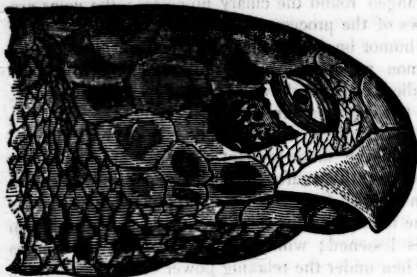
By the ciliary and vitreous arrangement the crystalline may be drawn not only backward and forward, but also obliquely in any direction, and in this manner the external muscles may be aided to some extent. As the upper and outer portion of the ciliary body is the broadest, that margin of the crystalline will advance the farthest, and thus facilitate the contemplation of near objects with both eyes at the same time.

To govern arterial pulsation, the ophthalmic artery is given off after the curve of the carotid (fig. 23, *a*). In the graminivora the ciliary arteries are much convoluted. In the carnivora, especially in the dog, the branches of the ophthalmic artery form numerous divisions, some of which again coalesce before entering the eyeball.



Adjustment of oblate and prolate spheroid lenses.—An arrangement, somewhat similar to that above described, exists in those animals with oblate spheroid lenses. When the lens is a prolate spheroid, an iridoid ring proceeding from the greater margin of the iris, and embracing the crystalline, supplies the place of the ciliary body.

Adaptation of the eyes of amphibia to different media.—Exterior to the muscles which move the eyeball in the seal, there is a muscular ex-



pansion attached to the anterior edge of the sclerotica, which, by shortening the axis, may assist in adapting the organ for vision in different media. Behind the eye of the turtle there is a cavity (fig. 29, *a*) containing air, which by passing through a foramen, may separate the

membranes forming the walls of its sclerotica, and thus shorten the axis.

Connection of central foramen with near and distant vision.—As the fibres of the retina, which are loose in young subjects, and matted together in the old, converge round the central foramen (fig. 30), and as the extreme fibres of other nerves of sensation become erect when excited, it is possible that the free fibres terminating at the central foramen may assist in adjustment. Dr. Jacob observes—"A single lens remedies in a great degree the defect arising from want of power of adaptation; but no single lens will confer on a landsman the distant vision of a sailor, nor on a long-sighted person the power of distinguishing minute objects enjoyed by some near-sighted persons."



[To be continued.]

THE NECESSITY OF URBANITY IN A PHYSICIAN.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—The physician should not only be acquainted with the diversified and protean forms of disease, and with all that relates to his own peculiar art, but he should also be versed in what appertains to courtesy and to good manners. Many members of the medical profession are so far from cultivating these last acquirements that they actually regard them with contempt and disdain, believing time to be absolutely lost to them as physicians which is spent in their acquisition. They utterly despise that easiness of carriage and affability of bearing which

smooth the asperities of man's intercourse with man, deeming all such complaisance as unworthy of attention, and foreign to all spheres save the drawing room of fashion, or the boudoir of beauty. These opinions, however, we consider both erroneous in themselves, and injurious as well to those who likewise pursue the science of medicine as to him who embraces them.

It is not enough that the physician should be able to distinguish one disease from another, to designate with accuracy the succession of symptoms, and know what remedies are reputed efficient in combating and curing them, for all this knowledge would be of little avail were his roughness of manners and severity of aspect so repulsive to the world as to place him in its estimation below those "well-trimmed popinjays," who, carrying all their acquirements on their outsides, excel him in courtesy and politeness, while they lack his solidity of desert. It will not be thought improper, we presume, to consider it the duty of every member of society to conform to whatever tends to promote good feeling, and extend kindness of demeanor and the blandness of urbanity. But on the practitioner of medicine is this perhaps especially incumbent. It is not merely the pangs of corporeal suffering which he is called to relieve, but frequently will he have occasion to

"Minister to a mind diseased,
And from the mem'ry pluck a rooted sorrow,"

an effect which Bernardo Tasso well tells us cannot be produced by drugs alone :—

"Ma chi puote con erbe, od argomento
Guarir l'infermita del intelletto?"

At such junctures complaisance of deportment soothes better than the most skilful composition of hypnotics, and lulls more surely than Thebaic tincture or poppy of the Levant. A physician who is habitually rough in his manners excites dislike in the minds of his patients, and the advertisement of his approach is a source of dread, instead of an excitant to agreeable and pleasant expectations. Far from gaining the love of those on whom he attends, his rudeness continually wards off the consideration he would otherwise obtain, and those with whom he comes in contact are inspired with a belief that the whole profession are of the same character as the member before them. They set them down, therefore, as cold, unfeeling beings, acting only for a fee, almost choosing their avocation from a desire to glut on misery, and never sympathizing in the agony which comes under their observation. Nothing can justify sullenness or ill-nature on the part of the physician; wherever else they may possibly be in some measure pardonable, they can never be appropriate at the bedside of sickness. In the chamber of disease, if anywhere on earth, are the endearments of condolence, the exercise of urbanity, and the manifestations of sympathy, of great necessity and importance. Yet how often do we see these enjoinders violated in the person of him who should come "with healing on his wings," and lighten the anxiety imprinted on lineaments burning under the scorching desolation of a fever's

touch? Often in these circumstances is moroseness of disposition apparent, to the exclusion of inquiring solicitude, and often does crabbedness usurp the place of affability. Frequently this bearing is assumed by a practitioner who is really kind at heart, and is even thought necessary for the maintenance of his own dignity and standing. But how reprehensible such views must invariably be, needs no explication, surely, to him who possesses a heart rife to the emotions of sensibility and goodness. Everything that meets the eye about the couch of disease teaches a different lesson. The friends and attendants are obedient to these injunctions: when the sick man's eye quails from the light, how carefully are the window curtains drawn; when his ear is painfully susceptible to noise, how sedulously are carpets spread about his bed, and with what noiseless and spectre-like tread is all walking performed in his apartment. Would he sleep? The signet of silence is placed on every lip, and the hush of profound quiet is unbroken even by the breath of those who surround him. Would he change his position? Kindly and gently are hands proffered to do the service. Does he despond? The words of cheerfulness and hope are poured forth to encourage and animate him. And can the physician be absolved from these duties? Can he be harsh in his replies, supercilious in his commands, and peevish in his conduct, without deviating from that path which all men, be their professions what they may, should endeavor to follow?

We lay it down, then, as a maxim, that of all persons the physician should most studiously cultivate a familiar condescension and true courtesy of manner. We speak not of that heartless and *soi-disant* politeness which hovers in the train of princes, exhaling itself in nods and bows, and copied from the customs of fashion or the observances of a court: but of that inborn politeness which is the fruit of good feeling, which is ever careful of offending, and always ready to obviate whatever is productive in any manner of pain: which is slow to speak roughly, which prefers not a displeasing exterior, and which avoids those coarse and disagreeable singularities which are affected by some physicians who are actually endowed with both talent and worth. These habits were formerly far more prevalent than at present, and have been of much disservice to the profession. But that inaccessible haughtiness and ridiculous pedantry which pointed the shafts of the inimitable Molière, and caused him, in play after play, to cover the disciples of *Æsculapius* with jeers and with laughter, has in a great measure disappeared with the flowing medical gowns of the same period, the portly round-headed canes, and the barbarous Latin in which they delivered their oracular precepts. It is, however, true that we still have at this day specimens of a similar kind of practitioners—men who take particular pains to excite dread, and who are never guilty of speaking words of kindness, or of manifesting good humor—men obstinate, sulky, and overbearing—tyrannical where they dare to be so, laying down their dicta as infallibility, denouncing the slightest doubt or even interrogatory as rank medical heresy, angry at the least intimation of counsel, and sometimes, though we hope such instances are rare, maugre a membership of the church, resorting to

absolute falsehood respecting their medicines and their blunders. Repulsive in their deportment, and unconciliating in their carriage, they are only tolerated as a necessary evil. Such a bearing cannot be too carefully eschewed, nor need there be a fear of being too gentle, too considerate, or too urbane. The benefits of skill will be increased by kindness. Openness and familiarity of conduct on the part of the physician will induce a similar result on the patient; perceiving that he is regarded with interest, and that his detail of feelings is not heard with a bought and careless apathy, he will speak confidentially and without reserve, thus unveiling valuable indications to the practitioner not otherwise to have been obtained. In fine, by thus proceeding, the physician will not only secure the friendship of those by whom he is surrounded, but he will increase his sphere of usefulness, will exalt and honor his profession, and what is yet more, will feel in his own bosom the consciousness of doing good.

Shelburne Falls, Ms., May 3d, 1844. STEPHEN J. W. TABOR.

Errata.—In an article of mine which appeared in your paper of the 20th of March last, entitled "Bibliography of Tobacco," there are several typographical errors, which I have not hitherto corrected because I supposed most of them were such as your readers would themselves generally perceive: as, however, I am writing upon another matter, and have room in this sheet, I will just allude to them. I shall not set them down particularly, for few if any readers would be at the trouble to turn back to a communication on such an account. The most frequent error is printing an *n* as a *u*, and the diphthong *æ* as *x*. The word *Nicotiana* is a number of times printed *Nicotiaux*, and there are some other similar misprints, for which, I suppose, you may justly tax my chirography, as it must be admitted few journals are more neatly and correctly "got out" than your own. I shall mention but one other error in the printing of my article, which is where I am made to say "rhymesters of the *obscenest* newspapers," when I did say *obscurest*. S. J. W. T.

NUX VOMICA IN PARALYSIS OF THE BLADDER.

[Communicated for the Boston Med. and Surg. Journal.]

Mr. W., aged 60 years, has had an affection of the spine with partial palsy of the lower extremities, for some years. He has also been very costive, and for four years had not a single discharge of urine without the use of the catheter. Quite recently Mr. W. became insane, and was committed to the State Lunatic Hospital.

Soon after he came under my care he was directed to the use of the *alcoholic extract of nux vomica* with laxatives. Quite unexpectedly he discharged his urine voluntarily in a few hours afterwards. Some circumstance, unimportant, interrupted the use of the remedy, and the catheter again became necessary. After a few days the *nux vomica* was again resumed, and has been continued every day since in doses of twenty drops, of a tincture of the alcoholic extract, three times a day. Since

that time to the present, now five months, he has had regular and easy evacuations of urine, never having been obliged to use the catheter since the medicine was resumed.

I have seen good effects from the use of *nux vomica* in relaxations of the muscular fibres, in dyspepsia, flatulency and loss of muscular tone in the stomach and bowels, as well as in general and partial palsy, but this is the first instance in which I have known it restore healthy power to a palsied bladder.

S. B. WOODWARD.

Worcester, Ms., May, 1844.

EFFECTS OF OPIUM ON INFANTS.

By Charles Taylor, M.R.C.S.

FEBRUARY 25th, 1844, about 1, P. M.—Mr. C——'s infant, a fine little girl, *æt.* 10 months, having been allowed to play with some pills (*Pil. sapon. c. opi, gr. v., ext. colo. co. gr. vii., in pil. iv.*) which were silvered over, the nurse observed the child making a noise, as if swallowing something with difficulty, and suspected some of the pills were taken. One pill was found in the child's dress, and one in the pill-box, but there were four, and after sweeping the room, and the most careful examination, the other two were not found. I was present within a quarter of an hour; the child was then playing, cheerful, and in perfectly good health; however, from the account of the case, I thought it right to act, although in doubt. The opium swallowed being in the form of pills, and the pills having been made a long time, instead of using the stomach pump I administered immediately half a scruple of the sulphate of zinc dissolved in a very small quantity of warm water; this not producing vomiting in a quarter of an hour, I gave *ant. pot. tart., gr. ii.*, which was repeated every ten minutes to the fourth time. Tickling the posterior fauces with a feather was also had recourse to, with occasional draughts of warm water, but all without avail. About half an hour after the last dose of tartar emetic, when almost giving up in despair of causing vomiting, it suddenly occurred, and by the use of warm water was then kept up. The food of the day was returned, and with it some dark substance which proved to be portions of the opium pills; one piece the size of half a pill, the others divided and mixed with the food, having the smell of opium. Pieces of the silver leaf were also found, leaving now no doubt, and from the quantity showing most probably that two pills were swallowed. After the vomiting had subsided, a teaspoonful of castor oil was given, which in the evening acted, and no appearance of the pills in the motion, which was healthy. The child did not appear drowsy; in fact, its parents thought it more lively than usual. Slept comfortably during the night, and was quite well next morning, neither suffering from the opium, nor from the emetic remedies that had been administered.

The only remarks suggested are these: 1st, the large doses of emetics

which were given for a time without success ; this may be accounted for, doubtless, by the action of the opium on the nerves of the stomach, but yet there was an absence of any other symptom on the nervous system ; and 2d, the total absence of any irritation produced either by the zinc or tartar emetic on the mucous membranes afterwards.—*London Medical Gazette.*

THE POSTHUMOUS FAME OF MEDICAL MEN.

WE all know what gods we are in the eyes of our patients—when they are seriously ill ; how little they think of us, with what slender courtesy they treat us—when they have got quite well. The eagerly expected visit, the confidence in, the dependence on us, are not more remarkable in the first case, than are in general the indifference, the coldness, the want of sympathy, with us in the second. The truth is, that the wealthy and the great are generally afraid of the accomplished and philosophical physician or surgeon, intimately acquainted with the springs and motives of human action as he necessarily is. They have a higher nature in their presence, which over-crows them ; and human pride and human infirmity cannot stand the proof ; they shrink before it, and rather dislike and fear, than love it. This feeling is at the bottom of the preference which the aristocracy of all countries, and of England in especial, so frequently show for ignorance and blind empiricism—for the anointings of a St. John Long, the abracadabra of the druggist Hahnemann, the duckings of the peasant Priessnitz, &c. &c.

With the same measure that the world are disposed to mete to us during our lives, do they still continue to measure to us after our deaths. The fame of the medical man is not even so enduring as that of the great actor. By what strong memorial do the public cherish the remembrance of the gifted Abernethy ? They name a biscuit after him. Of the brilliant Cooper ? some speculative druggist has christened a pill by his name. Of the great Dupuytren ? a perfumer embalms his public memory with a pomatum for the hair ! Sic transit gloria ! Mr. Abernethy always estimated posthumous fame at what it is probably truly worth, and no more : “ Were I thirsty,” he would say, “ I would give the posthumous fame of Buonaparte, could I command it, for a drink of small beer !” Brave old John, kind-hearted, eccentric old man ! Nor shall thy fame for better things than biscuits yet die out from amongst us thy brethren, for some considerable time to come ! Though thy kindred wrote trash upon thy tomb-stone, and the bakers have kneaded thee up with their dough, the influence thou hadst on medicine will survive when the memory and the knowledge of thy being shall have passed away.

And this brings us to the point we were driving at. There is no sure abiding place for us here below—whether in the body, or in that kind of spirituality which we entitle posthumous fame. He who did this or that passes away ; the knowledge of him who did it is lost in the night of ages ;

but the deed itself, the thing done, remains, and has its influence to the end of time.

Our business, therefore, is honestly and pains-takingly to perform the part assigned us, without regard to our particular fame, satisfied that what we do for good will never be lost to our fellow men, and though we neither leave our name to a biscuit like John Abernethy, to a vegetable pill like Sir Astley Cooper, to a sauce like Dr. Kitchiner, or to a pomatum for the hair like the Baron Dupuytren, our spirit will still be present in the world when the body that enshrouded it is resolved into ashes and air, and all knowledge that such a man had ever been has passed away.—*Ib.*

ON THE TREATMENT OF FRACTURES OF THE CLAVICLE.

By Abm. L. Cox, M.D., of New York.

THE difficulty of obtaining a perfect control of this fracture, by the different bandages now in use, is very generally admitted by practical surgeons. This, however, is no less certain, than that the great principles on which such control is attempted, are well ascertained and universally admitted. The action of the sterno-mastoid and great pectoral muscles, holds the sternal fragment in its proper position, while the scapular portion falls with the weight of the arm, or by the action of the muscles, and is then drawn inwardly, so that the inner portion overrides the outer, and the position of the shoulder is altered from its natural state, to one more inward, downward and forward.

The indications of treatment are, therefore, obviously to extend, elevate and hold back the shoulder. For this purpose, surgeons formerly resorted to a figure-of-eight bandage, applied over the back between the shoulders—a plan of treatment liable to the objection, that it does not meet all the proper indications of the case, and does not insure a perfect restoration of the functions and configuration of the fractured shoulder.

Desault's bandages have also been generally used, and are designed with reference to the great and acknowledged principles of the case; but it is very generally admitted that these bandages are not as successfully used as is desirable, and many surgeons have consequently returned to the old figure-of-eight bandage in preference to them. Even our schools, if I am correctly informed, teach their abandonment; a fact to be regretted, as they certainly have several decided advantages over the more simple means now generally superseding them.

Of these, the first is the advantage of a direct and perfect extension of the fractured bone, effected by the cushion in the axilla, and the transverse turns of the roller over the arm of the fractured side, round the body, and under the armpit of the sound side. This important point of proper extension is well attained and kept by this part of Desault's management.

The great defect, which, as far as I have been able to learn, is pretty generally admitted against the bandages in question, exists in the last

bandage, the object of which is to retain the fractured shoulder in a sufficiently elevated posture.

Desault's direction for its application is, to commence with a roller nine yards long, at the axilla of the sound side, to bring it in front of the chest over the shoulder of the fractured side, down behind the arm to the elbow, then to bring it in front of the chest to the point of beginning, then over the back from the axilla to the fractured shoulder, crossing it to the front of the arm, under the elbow, and so obliquely over the back again to the axilla of the sound side, and in this way till the roller is applied.

That this plan should fail in keeping the fractured shoulder and arm in a proper elevation, is, I think, obvious *a priori*, and unfortunately it is found to be so in practice.

The axilla is below the shoulder of the opposite side, and the bandage, therefore, exerts a direct influence to depress it just in proportion to the strictness of its application. If, indeed, the turns which are made under the elbow of the affected side could be brought over the shoulder of the sound side, thus making the sound shoulder a *point d'appui* from which to suspend the elbow and arm of the fractured side, there would be some influence exerted toward the end in view. But when we reflect that this turn would support the elbow only by an oblique application, and that the bandage, from its yielding to the weight of the arm, could afford little or no support, thus applied, it needs but a moment's reflection to perceive that the end which the surgeon has in view is completely lost by passing the turns of the roller *under the axilla* of the unaffected side.

What has been said will, I trust, serve to prepare the reader for the suggestion which it is the object of this paper to make in the modification of Desault's bandage.

Instead of making the axilla of the sound side the point of support of the shoulder of the fractured side, I propose that this point of support be sought close to the neck, on the side of the fracture. The roller may start from the sound axilla, pass over the other shoulder, down behind the arm and under the elbow, then upward over the fracture, obliquely across the back, and under the axilla of the sound side; thus making a figure-of-eight, by which the elbow will be drawn directly upward, and the point at which the bandage crosses on the shoulder being properly secured by pins, will be retained permanently close to the neck by means of the turns which pass under the sound axilla. This arrangement seems to possess all the properties at which the last bandage of Desault is aimed, and of which it undoubtedly fails.

But one case has occurred to me whereby I could test the soundness of my reasoning by an appeal to practical results. This happened in an elderly woman, who fell from a chair in attempting to wind the kitchen clock. Desault's plan failed, after careful and patient repetition; so also did the old figure-of-eight bandage, and several other modifications of them which successively suggested themselves to my mind in the management of her case.

I made the application, which I have attempted to describe above, with the best results. It retains the shoulder in its proper position, and the

bones in perfect coaptation, and is at the same time comfortable to the patient.

It is well to commence by preparing the arm of the affected side with a roller, carefully and accurately applied. This precaution has the double advantage of guarding the arm from the pressure of the turns of the first roller, and also of furnishing the means of fastening the last application to the elbow by means of pins.

If it shall be thought worthy of trial by the profession generally, I believe it will be found to be an improvement; and I therefore feel it to be a duty to make the suggestion, and submit it to the judgment of my medical brethren. No one can be more aware than myself of the very simple nature of the alteration in Desault's bandage, that I have ventured to propose; but if it should be found on trial to be better adapted to attain the very ends, and to apply the very principles of practice, which Desault taught, it will doubtless be justly appreciated by the profession.—*The New York Journal of Medicine and the Collateral Sciences.*

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, MAY 15, 1844.

Criminal Abortions.—Those, only, who are connected with the profession of medicine, are aware of the vast amount of wickedness perpetrated in cities by a class of men and women, familiarly known as *abortionists*. Madam Restell, the vampire of New York, the most infamous of her sex, if any reliance is to be placed in the expression of the press and the specific recital of Dr. Bedford, has deprived as many human beings of the right of birth, as any individual in the criminal calendar of the world. She has likewise an office in Boston, where her medicines are in constant request. But Madam Restell is not the only depredator on human happiness and life in the city of Boston. There are men—in external organization, but not in character—who are celebrated among the vile attendants at the court of infamy, for their success in exterminating fœtal life. Their criminal assistance is even sometimes sought after by married women, who cannot render a shadow of excuse to the tribunal of public scorn for their heartless depravity. Yet the law has not reached them, and the trade of infanticide is unquestionably considered, by these thrifty dealers in blood, a profitable undertaking.

The Rev. Mr. Abeel, now in China, has written extensively, of late, on the national vice of infanticide in that empire. No judicial inquiry is ever made there into the causes of death in embryo or at birth. Parents have a conceded right to strangle their own offspring, to rid themselves of a prospective burden; and they do it without remorse, or a single admonition from a violated, instinctive affection. Female children, especially, are those whose first breath is followed by a death struggle in the grip of the hand that should have nurtured them. According to this missionary's details, fathers and mothers of respectability speak of the daughters they have put to death, with perfect indifference. It is their right by civil code,

custom and inheritance, to proportion the number of their children to their means of support or personal convenience. He mentions persons of his acquaintance who had already strangled three daughters in succession.

Awful as these recitals are, of the manners of a heathen nation, the deeds of darkness executed in our own cities, in a professedly Christian country, beyond the cognizance of any police, are, if possible, still more deplorable. Such are the wily movements of these professed abortionists, that, although their acts, according to common report, are exceedingly frequent, no one can be found who will boldly face the foe and arraign them at the bar of insulted justice. Those who have been the subjects of their hazardous operations, occasionally develop something to excite astonishment; but before any decided course can be adopted to secure the fiends, the thread of evidence is broken by death, removals, or an unwillingness to be identified with an ignominious transaction, which would ever after debar the revealer of the deed from the society of virtuous people. No way has yet been devised for interrupting this abominable vice. Law is disregarded, and those who have become both expert and bold in the profession of stifling human life in utero, neither fear the frowns of man nor the avenging arm of God.

The Pepperell Witchcraft.—A case of catalepsy, as we learn, has lately occurred in the town of Pepperell, in this State, which is more particularly alluded to in the following note by Dr. Gilbert, of this city.

"Miss L., of Pepperell, is supposed to be prodigiously handled by *evil angels*. I have been myself an eye-witness of some strange occurrences, and there are several substantial witnesses to the same exhibitions. The facts are sufficiently attested by Drs. Bancroft of Groton, Parker of Pepperell, and others of high intellectual and professional attainments. The afflictions of Miss L., now about 14 years of age, commenced in school by a loss of speech. Immediately upon this misfortune, she fell sick of a disease that quickly led to the calling in of physicians and others, for she had odd *fits*, and in the course of a few hours changed so much in figure as to satisfy her parents that she was *bewitched*. Some of the neighbors were shrewd enough to suspect the origin of this mischief. In a word, the poor girl lay cataleptic eight months, perfectly rigid, insensible to all around, with her jaws *perfectly locked*. During all this time, there was a frequent descent of *devils* upon the family! Noises were heard; there was the horrible appearance of a black man with a tail peeping out under his coat, together with a foot minus a boot. This ambassador from Pandemonium sometimes came in the shape of a white woman upon a white horse, riding right through the room, with his feet up in the air! At another time he, presto, got into the churn, preventing the butter from coming, and he could only be driven from under the dasher by introducing red-hot tongs into the cream. Sad to relate, he thus got a tremendous burning upon the ankle-joint, and the sore was visible to all who saw the spectre. These phantoms came with their faces so veiled that believing spectators could never have a distinct view of their physiognomy.

"Now it is most unchristian and uncivil to suppose these paroxysms are feigned. No one acquainted with the patient or the family suspects either of imposition. The intelligent physicians in attendance, and the neighbors, suppose this a marked case of catalepsy. They also believe that

it was induced and kept up by the continued idea of *witchcraft*, and further, that the spectral sights are the result of an excited imagination. If such is the fact, it admonishes people to be careful how they excite the marvellousness of their children by highly colored fictions.

"These observations are preliminary to a detailed account of all the circumstances that can be of interest to medical men in regard to this extraordinary instance of modern witchcraft, which in reality is nothing more nor less than an exceedingly curious case of catalepsy.

DANIEL GILBERT."

Schenck's Pulmonic Syrup.—A while since, it was mentioned in a newspaper, as an article of intelligence, that somebody in England was *getting up a new kind of pill*! Alas, in this bequacked section of the republic, unprincipled adventurers are incessantly devising something, for filching from the afflicted the last stiver of their earthly possessions, in the shape of a panacea for all their physical woes. One of the best things ever recorded in the *Edinburgh Review*, was a dissertation on the enormous taxation voluntarily submitted to by invalids in Great Britain. They inhabit a chamber that is taxed by the window through which the sun's rays reach them. They are bolstered up in a taxed chair, to swallow a taxed dose that the apothecary has been taxed a hundred pounds for liberty to sell—at two hundred per cent. above its value. It was prescribed by a physician taxed for his faculty and taxed on his professional income, who paid a direct tax of a pocket full of guineas to be at liberty to tax his patients to the utmost of their ability. When these taxed operations fail to restore them for future taxation, they then seize with avidity upon a multitude of nostrums, which the law tolerates by the payment of a specific tax. Having ascertained, by a protracted experience, that there is more certainty in the effects of taxation than in taxed drugs from the hands of taxed manufacturers, the poor victim of unmitigated taxation takes to his taxed bed, and surrounded by full bottles of sovereign remedies for all ails but taxation, closes his eyes forever on a taxed world. His heirs place his remains in a taxed coffin, to be conveyed to that place where the wicked cease from troubling and the weary find rest, on a taxed hearse, to an iron tomb, that was taxed at the patent office, and thus the victim of taxation sleeps with his fathers beyond the reach of further taxation.

Seeing the vast preparation for the sale of *Schenck's Pulmonic Syrup*, which is for the "*cure of consumption, diseases of the lungs, and the respiratory organs*," we were led to the foregoing reflections. The only difference between this country and Great Britain, in regard to secret medicines, is, that there Government profits by the imposition—£50,000 having been received from their sale in 1841; but in the United States the proprietor gets all the profit. People voluntarily tax themselves to support a host of knaves who laugh in their sleeves at the credulity of those who buy their medicines.

Rare Physiological Impressibility.—An author of a work on medicine, who resides in Boston, assured us, recently, that he had produced a cathartic operation in a most convenient manner, viz., by simply putting one drop of a purgative tincture into an ounce phial filled with water—

which, when held between the thumb and finger, although corked tightly, produced all the effects which the same medicine would have accomplished had it been taken into the stomach! Now we verily believe that the gentleman who related this extraordinary circumstance, honestly stated what he considered to be strictly true, notwithstanding that it is opposed to all the analogies of nature, pathological laws, the experience of medical men, and the sound dictates of common sense.

In this city of Boston, which some southern editor facetiously calls the *city of Bedlam*, because it is the grand resort of so many crazy theoretical projectors, there is a multitude of amiable, well-meaning, philanthropic men and women, who are principally engaged in believing and propagating the last new humbug. It matters not what is presented—the more absurd and incomprehensible the better, since it is their meat and drink to believe, to sustain the cause, and assist in the manufacture of new converts.

University of Maryland.—A meeting of the medical graduates of the University of Maryland, was held early in March, at which several complimentary resolves were passed in regard to the able and satisfactory course of lectures given by Professor R. W. Hall. This is the gentleman whose name was prominently before the public in the "*matter of impeachment before the Regents of the University*," in August last. His position, it strikes us, is an anomaly. In the testimony before the Regents, the object was to prove that he did not deliver satisfactory lectures. However, after a patient and sufficiently protracted examination, he was left *in statu quo*—and now the graduates make this declaration:—

"Whereas, we have listened with pleasure and improvement to the able and complete course of lectures delivered by Professor Hall, in the University of Maryland, during the past session, and have been witnesses of the care, the industry and the learning with which he had demonstrated and impressed every portion of his interesting branch, we feel it due to ourselves as a body and as individuals—to the Professor as a mark of our high respect for his talents and his learning—and to the public as a means of spreading, if possible, this well-earned reputation, to express our thanks and our gratitude to him for his ceaseless efforts throughout the course."

Medical Lectures.—By referring to the advertising sheet, the announcement of the next course of medical lectures at Pittsfield, will be noticed. This has become a stable institution, with an industrious faculty, who have a single eye to the advancement of the pupils. The term commences in August next. The following gentlemen received honorary degrees at the last commencement, viz., Drs. Reuben Champion, Asa Lincoln, Alonzo Clark and Benjamin R. Palmer.

Pure Medicines.—In the list of well-conducted apothecary stores in Boston, it gives us pleasure to direct the attention of active practitioners in town and country, to the establishment of Mr. Metcalf, in Tremont Row, who has established a well-earned reputation. He is not only extremely accurate and judicious in everything pertaining to the business of putting up prescriptions, but he also avails himself of all the new

medicines and chemical preparations known either in the old world or the new.

Messrs. Colcord & Babcock, also, have an exceedingly orderly establishment at No. 160 Washington street. They are untiring in their exertions to procure the most approved articles that can be produced. Every physician will appreciate the value of a store like theirs, where all the new medicines may be had in their greatest purity.

If it is desirable for the community to have competent physicians, it is also a public blessing to have responsible and well-instructed apothecaries, whose characters for uprightness, punctuality, and exactness in following the letter of a medical direction, can always be relied upon.

Anatomical and Surgical Drawings.—Gentlemen wishing the assistance of an artist to illustrate the appearance of tumors, wounds, surgical operations, or anatomical drawings, are particularly recommended to call on Mr. Henry G. Fette, No. 45 Fayette street. There is a peculiar accuracy, beauty and completeness in his pencillings. Some representations of diseases of the eye, made by Mr. Fette, are so painfully accurate, as to give unpleasant sensations in looking at them, on account of the surprising degree of vitality he has infused into engorged vessels. Besides being a very deserving man, whose acquaintance is an acquisition, it is worth remembering, by those who are in pursuit of this kind of artistical aid, that Mr. F. has no superiors in this peculiar, though difficult, line of painting. We hope that such encouragement will be afforded as to induce him to remain here permanently, since, amongst one hundred and fifty physicians, considerable employment might be found for an accomplished, skilful anatomical painter.

Causes, Symptoms and Treatment of Pulmonary Consumption.—Such is the title of a discourse delivered before the Massachusetts Medical Society, at the anniversary meeting in May, 1843, by Charles W. Wilder, M.D. It has since appeared in the Society's annals, where those who have not already perused it, may find it in detail. The Society has usually been served, at its anniversary meetings, with distinguished ability, although, as might be expected, speakers of various qualifications and attainments have at different times delivered the addresses.

At this late day it is unnecessary to allude particularly to Dr. Wilder's discourse. Many who were present at the delivery, presumed to say that he was not an orator; some had the temerity to intimate that something better might have been provided; and a belief is actually entertained by ourselves, that it is a difficult undertaking to please two hundred physicians with a dissertation on pulmonary consumption, of an hour's length, even if it possessed its share of merit.

Monument to Dr. Lovell, late Surgeon-General.—During the past winter a monument of unusual dimensions, and great beauty, which the medical officers of the army caused to be erected in memory of the late Surgeon-General, Joseph Lovell, was placed in the Congressional burying ground, near the city of Washington. The structure, designed and executed by R. E. Launitz, of New York, is of a rectangular form,

and in the Grecian style. Upon a granite base five feet square, rests a superstructure of the finest Italian marble, weighing about ten tons, and reaching a height of fifteen and a half feet. A pedestal, formed from a solid block, two feet six inches square, and three feet high, upon which the inscriptions are cut, is raised to the level of the eye upon a double plinth, and crowned with a bold entablature having its frieze and cornice proper, and finished on two sides with pediments. Over all a pyramidal shaft, twenty inches square at its foot, rises with an easy taper seven feet, terminating in a capital formed after the solemn and impressive style of the ancient sarcophagi.

In its architectural details the monument is extremely chaste and unadorned, but bold and imposing in its outline, and cannot but draw admiration from the singular beauty of its proportions. Appropriate inscriptions are cut on the four sides of this well-merited monument.

The University of New York.—We learn from a correspondent that the Legislature of New York has made a liberal appropriation of money, and with great unanimity, to the medical department of the University. This will give a new impulse to that flourishing school, not only by warming the zeal of its professors, but by the universal confidence it will inspire in the established rank and increasing prosperity of the institution.

TO CORRESPONDENTS.—Dr. Allen's No. 5 of Epidemic Erysipelas, Dr. Crosby's case of Impacted Colon, Dr. Gillespie's remarks on Chronic Aphthæ, Dr. Paine's Defence of his Introductory Lecture, Dr. Haynes's case of an over dose of Opium, and a paper on the cause of Color in the Human Family, have been received.

DIED.—In Hopkinton, Mass., Dr. Calvin Ellis, formerly of this city, 41.

Number of deaths in Boston for the week ending May 11, 36.—Males, 17; Females, 19.

Of consumption, 6—lung fever, 3—rheumatic fever, 1—marasmus, 1—delirium tremens, 1—scarlet fever, 3—old age, 2—accidental, 1—croup, 2—infantile, 3—disease of the heart, 1—angina pectoris, 1—inflammation of the bowels, 1—liver complaint, 1—dropsy, 2—typhus fever, 1—scrofula, 1—decline, 1—disease of the brain, 1—sudden, 1—dropsy in the brain, 1—unknown, 1.

Under 5 years, 13—between 5 and 20 years, 1—between 20 and 60 years, 15—over 60 years, 7.

REGISTER OF THE WEATHER,

Kept at the State Lunatic Hospital, Worcester, Mass. Lat. 42° 15' 49". Elevation 483 ft.

April.	Therm.	Barometer.	Wind.	April.	Therm.	Barometer.	Wind.
1	from 18 to 43	from 29.99 to 30.16	N E	16	from 45 to 70	from 29.35 to 29.54	S W
2	18 43	30.13 30.18	N W	17	53 67	29.25 29.41	N W
3	20 49	29.51 29.87	S W	18	33 56	29.66 29.74	E
4	45 76	29.28 29.40	S W	19	32 61	29.70 29.75	S W
5	44 54	29.42 29.64	N W	20	38 58	29.55 29.61	N E
6	31 56	29.85 29.95	N E	21	50 56	29.44 29.50	N E
7	40 48	29.81 29.94	S W	22	50 73	29.40 29.56	N E
8	50 72	29.36 29.56	S W	23	52 68	29.68 29.71	S W
9	54 63	29.32 29.39	N W	24	48 62	29.26 29.54	S W
10	38 71	29.46 29.52	S W	25	52 64	29.21 29.45	N W
11	49 74	29.54 29.58	N E	26	48 58	29.15 29.31	S W
12	40 72	29.69 29.73	S E	27	38 58	29.55 29.67	N E
13	45 80	29.57 29.66	N W	28	39 58	29.36 29.49	W
14	57 83	29.42 29.51	N W	29	45 60	29.41 29.52	N W
15	54 65	29.38 29.55	E	30	36 70	29.61 29.67	S W

This has been a warm and dry month; vegetation early and rapid; a fine season for the farmer to commence his spring labor; flowers and forest trees two weeks in advance of the close of April, 1843. *Daphne Mezereum* and *Crocus* in blossom on 8th—*Trailing Arbutus* on 10th—*Elm*, *Willow* and *Alder* on 11th—*Red Maple* on 12th—*Polyanthus* on 13th—*Violets* on 14th—*Shepherdia* on 15th—*Leatherwood* on 16th—*Feverbush* and *Hepatica Triloba* on 17th—*Anemone Thalictrifolia*, *Marmosa*, on 18th—*Cowslips* and *Shadblow* on 19th—*Doz Tooth Violet* on 20th—*Cherry* on 21st—*Houstonia Cerulea* on 22d—*Shadblow* and *Dandelion* on 23d—*Peach* on 24th—*Wild Cherry* on 25th—*Pyrus Japonica* and *Ash Tree* on 26th—*Wild Columbine* on 27th—*Panax Quinquifolium* on 28th—*Viola Blanda* on 29th. Thermometer ranged from 18 to 86. Barometer from 29.25 to 30.34. Rain only .35 of an inch.

Fibrous Tumor of the Breast.—The Royal Academy of Medicine of Paris have lately spent several days in discussing the above-named subject, which had been introduced by M. Cruveilhier. There seemed, however, very little light to be obtained upon the matter. The learned mover of the question failed to shed any, and each successive speaker appeared to be more in the dark about it than the other. A correspondent of the *Gazette des Hopitaux* (No. 33), explains the dilemma in which the honorable Academy found itself placed, in a very satisfactory manner. He says, "M. Cruveilhier, a conscientious and enlightened physician, and moreover a Professor of Pathological Anatomy, comes down to the Academy one fine day, and delivers himself in these terms: 'Gentlemen, there are fibrous tumors of the breast, and they are common.' Now it was obvious to us all along that no member of the Academy had ever seen one of these tumors, so that it would have been very natural for some one to have said, 'Will the Professor be good enough to show us one of these bodies, for I myself have never either touched or seen such a thing?' But no; one was fearful of hurting M. Cruveilhier by seeming to call in question his information and good faith; another was afraid of exposing his own want of information, and so damaging his reputation: what a dilemma, had some journal published such words as these—'M. X. never saw a fibrous tumor of the breast, a disease, nevertheless, which is very common;' and a third, by so simple a question, would have cut short all discussion, and seen himself forced to keep his eloquence bottled up, which would have been very distressing to him. These and various other reasons account for the circumstance that no one said to M. Cruveilhier, *there is no such thing as a fibrous tumor of the breast*. No one went further than to say, there are *few* fibrous tumors of the breast. Hence the harangues which we have been compelled to abide, and those with which we are still threatened."—*London Medical Gazette*.

Duration of the Life of Medical Men.—M. Chadwick, in his "*Sanatory Report*," states that in the medical profession examples are not rare of the attainment of extreme old age; yet as a class they bear the visible marks of health below the average. The mortuary registration for the year 1839, gives the following as the average age at death of persons in the three professions in England:—Clergymen, 59; Lawyers, 50, Medical men, 45. Only one medical student was included in the registration; had the deaths of those who died in their noviciate been included, the average age at death would have been much lower. This corresponds with the results of the researches of Dr. Caspar, of Berlin. Yet the medical profession is notoriously the worst paid and the worst treated of all the three professions—the public, for whose good this awful loss of life is sustained, is utterly regardless of the sacrifice.

Glanders in a Woman.—M. Bourgeois d'Etampes has lately published, in the *Bulletin Therapeutique*, a case of glanders in a woman, the first of the kind which has been observed, owing, no doubt, to women having seldom any thing to do with horses. This female, twenty-nine years of age, of robust health, after long attending to a horse laboring under acute glanders, contracted the disease, and died in twenty-two days.—*London Lancet*.